

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2175AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/03/2010
NAME OF PROVIDER OR SUPPLIER ROSS SENIOR RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 W SADDLE AVE LAS VEGAS, NV 89103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/3/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.	Y 106		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 106	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 12/3/10, the facility failed to ensure 1 of 3 employees had current CPR and first aid training (Employee #2) Severity: 2 Scope: 2	Y 106			
Y 171 SS=F	449.209(1)(b) Health and Sanitation-Local Laws NAC 449.209 1. A residential facility must: (b) Comply with all local ordinances and state and federal laws and regulations relating to zoning, sanitation, accessibility to persons with disabilities and safety. This Regulation is not met as evidenced by: Based on observation and interview on 12/3/10, the facility failed to have a proper plumbing connection for the kitchen sink (water draining to exterior of structure). Severity: 2 Scope: 3	Y 171			
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.	Y 178			

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Y 178	Continued From page 2 This Regulation is not met as evidenced by: Based on observation on 12/3/10, the facility failed to ensure the premises was clean and well maintained. (The ceiling vent in the kitchen was dirty, a trip hazard from a landscaping sprinkler electrical line was present in the backyard, the area above the kitchen cabinets was dirty, the kitchen stove was dirty.) Severity: 2 Scope: 3	Y 178			
Y 207 SS=F	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Based on observation, the facility failed to have its automatic alarm system annually inspected (alarm box could not be found). Severity: 2 Scope: 3	Y 207			

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Y 251	Continued From page 3	Y 251			
Y 251 SS=F	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Based on observation on 12/3/10, the facility failed to ensure proper food temperatures were maintained (freezer in kitchen at 8 degrees Fahrenheit). Severity: 2 Scope: 3	Y 251			
Y 253 SS=F	449.217(4) Adequate Supplies of Food NAC 449.217 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. This Regulation is not met as evidenced by: Based on observation on 12/3/10, the facility failed to provide at least a two-day supply of fresh food and at least a one week supply of canned food in the facility for five residents. The caregiver stated that shopping day was tomorrow (Saturday December 4th).	Y 253			

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Y 253	Continued From page 4 Severity: 2 Scope: 3	Y 253			
Y 354 SS=E	449.222(4) Bathrooms and Toilet Facilities NAC 449.222 4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility. This Regulation is not met as evidenced by: Based on observation on 12/3/10, the ceiling vent in the hallway bathroom was not working properly (fan rotating at a slow speed). Severity: 2 Scope: 2	Y 354			
Y 434 SS=F	Blank This Regulation is not met as evidenced by: Based on record review on 12/3/10, records were not available for review to ensure that monthly evacuation drills were conducted for the past 8 of 12 months (December 2009, January through July 2010). Severity: 2 Scope: 3	Y 434			

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